

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

12/02/04

SERIAL NO. FILING DATE

APPLICANT(S)

09/869067

CLAIMS

AS FILED	AFTER		AFTER		IND.	DEP.	IND.	DEP.
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT				
1	/	/						
2	/							
3								
4	b1							
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TAL	2		1					
TAL	10		10					
TAL	12		11					
TAL	12		11					

TOTAL IND. TOTAL DEP.
TOTAL CLAIMS

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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